

Posterior Cruciate Ligament Reconstruction (PCL) Rehab Protocol

Patient Name: _____ Date: _____

Diagnosis: _____ DOS: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 weeks

Phase 1 (0-6 weeks)

- Goals: Control swelling, restore neuromuscular communication loops, prevent kinesiphobia; gait training
- Modalities: Compressive cyrotherapy, e-stimulation
- Weightbearing: Non-weightbearing
- Brace:
 - Locked in full extension at all times for initial 48 hours (2 days).
 - ROM opened 0-90° from day-2 through 4 weeks
 - ROM opened to full, 0-120° weeks 4-6.
- ROM:
 - First priority is to focus on regaining terminal extension.
 - Advance knee flexion ROM 5-10° daily as tolerated with goal of 90° within 2-3 weeks.
- Exercises:
 - 0-2wks: Quad sets, SLR, calf pumps, passive leg hangs to 90° at home
 - 2-6wks: PROM/AAROM to tolerance, patella and tibiofibular joint mobs, quad, hamstring, and glute sets, SLR, side-lying hip and core

Phase 2 (6-8 weeks)

- Weightbearing: Advance 25% weekly until full weightbearing. Instruct patient to recognize maladaptive gait.
- Brace: Begin to wean from brace after 6 weeks. Advocate to continue in uncontrolled settings or adverse weather.
- ROM: Full
- Exercises: Advance phase 1 exercises. Progress weightbearing flexibility, begin toe raises and closed chain quad work. Begin floor-based core and gluteal work, balance exercises, hamstring curls and stationary bike.

Phase 3 (12-16wks)

- Weightbearing: Full
- Brace: None
- ROM: Full
- Exercises: Progress closed chain activities. Progress proprioception activities. Begin stairmaster, elliptical and running straight ahead at 12wks.

Phase 4 (16-24wks)

- Weightbearing: Full
- Brace: None
- ROM: Full
- Exercises: 16wks: Begin jumping; 20wks: Advance to sprinting, backward running, cutting/pivoting/changing direction, initiate plyometric program and sport-specific drills

Phase 5 (>6mo)

- Weightbearing: Full
- Brace: None
- ROM: Full and painfree
- Exercises: Gradual return to sports participation after completion of FSA***. Maintenance program based on FSA.

*Modified with concomitantly performed meniscus repair/transplantation or articular cartilage procedure

***Completion of FSA (Functional Sports Assessment) not mandatory, but recommended at 22-24wks PO or competitive athletes returning to play after rehab.